MARYLAND STATE DEPARTMENT OF HEALTH

4051

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04042

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 18 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Court Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) Court Place

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ELTON	CARL	ADAMS		April	19	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	July 19, 1870	84 yrs.	5	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cabinet Maker	Self Employed	Near Shady Grove, Penn.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Adams	Harriett Repp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	218-30-9807	Mrs. Reginald Ankeney Clearspring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420. Immediate cause (a)	arteriosclerotic myocardial heart disease	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	acute coronary occlusion	5 min
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	-	Yes ☐ No ✓

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wello	M D	115 N. Potomac St., Hagerstown, Md	4-19-55

BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/22/55	Rose Hill Cemetery	Hagerstown, Washington, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Apr. 21.1955	Chas. H. Bowers	C. M. Suter & Sons Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04043

4-52

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 16 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, 03
STREET ADDRESS (If rural give location) Maryland, Hotel 1

3. NAME OF DECEASED: (Type or Print) (First) LEONARD (Middle) LOVELAND (Last) ALDRICH

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: April 5, 1873

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months 0 Days 17 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Harness Maker

10B. KIND OF BUSINESS OR INDUSTRY: Emmert's Hardware

11. BIRTHPLACE (State or foreign country): Toledo, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abner Aldrich

14. MOTHER'S MAIDEN NAME: Olive Trail

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 334-03-7201

17. INFORMANT & ADDRESS: Mrs. Olive Stone St. Louis, Missouri

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X
IMMEDIATE CAUSE (A) Bronchpneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Carcinoma of bladder & metastasis — Unknown
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pathologic fracture right femur — 16 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1949, to April 22, 1955, that I last saw the deceased alive on April 22, 1955, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE L L Parker Jr. M. D. ADDRESS Hagerstown MC DATE SIGNED 4/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/26/55

NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

LOCATION (City, town, or county) (State) St. Louis Missouri

DATE REC'D BY LOCAL REGISTRAR Apr. 23, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04044

4053

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 252 Bellview Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) MYRTLE (Middle) MARY (Last) ALLEN

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 19 55

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced
8. DATE OF BIRTH: September 31, 1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 7 Days 22 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dry Run, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Strite
14. MOTHER'S MAIDEN NAME: Henrietta Hitchcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Gladys Shaw Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42021
IMMEDIATE CAUSE (A) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: hrs.
ANTECEDENT CAUSE (B) Arteriosclerosis — yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1955, to April, 1955 that I last saw the deceased alive on 4-22, 1955, and that death occurred at 11:30 A.M., from the causes and on the date stated above.
SIGNATURE Louis S. Shaw M. D. ADDRESS 119 E. Antrim St. DATE SIGNED 4/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/26/55
NAME OF CEMETERY OR CREMATORY St. Paul Cemetery
LOCATION (City, town, or county) (State) St. Paul Washington Md.

DATE REC'D BY LOCAL REGISTRAR Apr 25 1955
REGISTRAR'S SIGNATURE Thos. H. Bowers
24. FUNERAL DIRECTOR C.M. Suter & Sons
ADDRESS Hagerstown, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04045

4-54

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown (Clear Spring) 13
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dead on Arrival Washington Co. Hospital 99

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring X
STREET ADDRESS (If rural give location): Cumberland St. 1

3. NAME OF DECEASED: (First) Hattie (Middle) Belle (Last) Ankeney

4. DATE OF DEATH: (Month) April (Day) 2, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb. 5, 1880

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 2 Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Home Duties

11. BIRTHPLACE (State or foreign country): Clear Spring Disc.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Garver

14. MOTHER'S MAIDEN NAME: Martha Alice Doub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Clyde Ankeney

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive Sclerosis — 10 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1955, to 4/2, 1955 that I last saw the deceased alive on April 2, 1955, and that death occurred at 3.30 P.M., from the causes and on the date stated above.

SIGNATURE David R. Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 4/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: April 5 1955 — NAME OF CEMETERY OR CREMATORY: St. Pauls Cem. — LOCATION (City, town, or county) (State): Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 7, 1955 — REGISTRAR'S SIGNATURE: Blair H. Bowers

24. FUNERAL DIRECTOR: Adriance H. Rowland — ADDRESS

04046

4255 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Hirshman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 615 Salem Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) WILLIAM (Last) BARTON

4. DATE OF DEATH: (Month) April (Day) 1, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: October 14, 1911

9. AGE last birthday 43 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dispatch Station Operator

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Barton

14. MOTHER'S MAIDEN NAME: Ella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO. 214-09-3385

17. INFORMANT & ADDRESS: Mrs. Edith Barton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1¼ hrs.

ANTECEDENT CAUSE (B) DUE TO Coronary occlusion

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 19 54, to April 1, 19 55, that I last saw the deceased alive on April 1, 19 55, and that death occurred at 4:30 M, from the causes and on the date stated above.

SIGNATURE Thos. J. Hirshman M. D. ADDRESS Hagerstown DATE SIGNED 4/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-4-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 4, 1955

REGISTRAR'S SIGNATURE Elsie H. Beavers

24. FUNERAL DIRECTOR Andrew K. Coffman-Hagerstown, Md. ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04047

Dr Weeks 4^56

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 1400 Potomac Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 1400 Potomac Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) LEONA LILLIAN BERKSON

4. DATE OF DEATH: (Month) (Day) (Year) April 26 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Nov. 14, 1897

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS., Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hanover, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Stumbaugh

14. MOTHER'S MAIDEN NAME: Lucy Tyston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Moses Berkson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Resecting Lung — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic i.V.D. — year

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13/55, 19 . , to 4/26/55, 19 . , that I last saw the deceased alive on 4/26/55, 19 .... , and that death occurred at 1 A M, from the causes and on the date stated above.

SIGNATURE Edward N. Weckwerth M. D. ADDRESS Hagerstown DATE SIGNED 4-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 4-28-55

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 27, 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman—Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04048

4057

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 04
STREET ADDRESS (If rural give location) 429 Mechanic Street 1

3. NAME OF DECEASED: (Type or Print) (First) BUFORD (Middle) ALBERT (Last) BLACK

4. DATE OF DEATH. (Month) April (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE. White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 16, 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months 8 Days 18 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist

10B. KIND OF BUSINESS OR INDUSTRY: Western Md. R.R.

11. BIRTHPLACE (State or foreign country): Kesseltown, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles O. Black

14. MOTHER'S MAIDEN NAME: Phoebe J. Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Howard M. Black Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease — 2 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 4, 1955 to Apr. 4, 1955, that I last saw the deceased alive on Apr. 4, 1955, and that death occurred at 10:35 P.M. from the causes and on the date stated above.

SIGNATURE William T. Layman, M.D. ADDRESS 100 Professional Arts. Bldg. Hagerstown, Maryland DATE SIGNED 4-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/7/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Wash., Maryland

DATE REC'D BY LOCAL REGISTRAR Apr 6, 1955

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

04049

4058

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 318 North Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 318 North Potomac Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lawrence	Dewey	Bonbrake	Apr.	9	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	2-16-1899	56 yrs.	1	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Aeronautical Engineer	Fairchild's	Woodston, Kansas	U.S.A.

13. FATHER'S NAME: George Roy Bonbrake
14. MOTHER'S MAIDEN NAME: Mabel Macey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	456-16-2404	J. C. Borden, Langley Field, Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) .....

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute alcoholic narcosis — 5hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	-	Yes ☐ No ☒

WAS EXTERNAL CAUSE (ACCIDENT, SUICIDE, OR HOMICIDE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	none	-	-	-

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.		-

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Robert Wells, Jr.	DEPUTY MEDICAL EXAM. WASH. CO. MD.	115 N. Potomac St- Hagerstown, Md.	4-11-55

MODE OF DISPOSITION (Burial, Cremation, Removal)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-13-1955	Ashrock Cemetery	Woodston, Kansas

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 11, 1955	[illegible]	C. M. Suter & Sons,	Hagerstown, Md.

VS A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

41-3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04058 308

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Boonesboro
LENGTH OF STAY (in this place) 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Fahrney-Keedy Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Boonesboro X
STREET ADDRESS (If rural give location) Boonesboro Rt. 2

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Brezler

4. DATE OF DEATH: (Month) Apr. (Day) 8 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH. June 21, 1867 | 9. AGE (last birthday) 87 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work | 10B. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Hagerstown Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Brezler | 14. MOTHER'S MAIDEN NAME Rebecca Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. ---- | 17. INFORMANT & ADDRESS. Fahrney- Keedy Home Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 4500 DUE TO Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1955, to April 8, 1955, that I last saw the deceased alive on April 7, 1955, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Boonsboro, DATE SIGNED 4/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or County) (State)
Burial	Apr. 11, 1955	Fahrney Cemetery	Near Boonesboro Md.

DATE REC'D BY LOCAL REGISTRAR Apr 11 1955 | REGISTRAR'S SIGNATURE John H. Bart | 24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04051 300

41°4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sharpsburg Md. LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharpsburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md. X
STREET ADDRESS (If rural give location) Sharpsburg Md. /

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) L (Last) Bussard

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 9 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 8 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11 BIRTHPLACE (State or foreign country): Locust Grove Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Morrison

14. MOTHER'S MAIDEN NAME: Sophia Hines

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. LutherJones Thomasville Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Cerebral hemorrhage — Interval Between Onset And Death: found dead

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular disease — 5 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis. — 5 Yrs.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 1947 ,19 , to 4/23 , 1955, that I last saw the deceased alive on 4/23 , 19 55 and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE Walter K. Shaffner (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 4/25/55.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial **DATE THEREOF** April 27-55 **NAME OF CEMETERY OR CREMATORY** Locust Grove **LOCATION** (City, town, or county) (State) Locust Grove Md.

DATE REC'D BY LOCAL REGISTRAR 4-25-55 **REGISTRAR'S SIGNATURE** Carl F. Bruyer

24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04052

4-53

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 843 Dewey Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Preston (Middle) I (Last) Cearfoss

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: June 23, 1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10B. KIND OF BUSINESS OR INDUSTRY: Keller Stonebraker

11. BIRTHPLACE (State or foreign country): Cearfoss, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry V. Cearfoss

14. MOTHER'S MAIDEN NAME: Sarah J. Needy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-3239

17. INFORMANT & ADDRESS: Mrs. Mary Cearfoss Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Postmis Myocardial Infarction — 5 days

DUE TO (C) Coronary Arteriosclerotic Heart Disease — 5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis Obliterans, Legs — 2 yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18, 1954 to Apr. 22, 1955, that I last saw the deceased alive on Apr. 22, 1955, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE Dalton M. Welty M. D. ADDRESS Hagerstown DATE SIGNED 4/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF Apr. 24, 1955 — NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery — LOCATION (City, town, or county) Fairview (State) Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 23, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4195

04053

CERTIFICATE OF DEATH

Reg. Dist. No. 2nd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chaplin St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va — COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg
STREET ADDRESS (If rural, give location) 225½ Winchester Ave

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Bell (Last) Chrisman
4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 18, 1882
9. AGE last birthday: 72 yrs. — If under 1 year: Months 6, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housedutties
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Clark Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sylvester Clark
14. MOTHER'S MAIDEN NAME: Roda Ellen Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs C. H. Hull Sharpsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X Immediate cause (a) CARCINOMA HEAD OF PANCREASE — 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to 23 Apr., 1955, that I last saw the deceased alive on 23 Apr., 1955, and that death occurred at 5.15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Floyd Lutman — Shepherdstown WVa — 23 Apr. '55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/26/55 — NAME OF CEMETERY OR CREMATORY: Central Cem. — LOCATION (City, town, or county) (State): Garretown W. Va.

DATE REC'D BY LOCAL REG. 4-23-55 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: H. K. Brown — ADDRESS: Martinsburg W. Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

41: 6

Reg. Dist. No. 04054 561

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Williamsport, Maryland
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 104 N. Artizan St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport, Maryland
STREET ADDRESS (If rural, give location) 22 Vermont St.

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) Eugene (Last) Conley

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1955 at 7 35 Am.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 17, 1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months 4 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY House Painter

11. BIRTHPLACE (State or foreign country): Williamsport, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Conley

14. MOTHER'S MAIDEN NAME: Bessie Graber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-03-3388

17. INFORMANT & ADDRESS: Mrs. Herbert Conley. 22 Vermont St Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
161X Immediate cause	(a)	Carcinomatosis	1yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Carcinoma of Larynx	1yr
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Not known

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Larynx

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1955, to April 18, 1955, that I last saw the deceased alive on April 17, 1955, and that death occurred at 7 25 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Overhook MD Williamsport, Md 21 April 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF April 21, 1955

NAME OF CEMETERY OR CREMATORY Riverview Cemetery

LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REG. April 21-1955

REGISTRAR'S SIGNATURE E. Lee McElroy

24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4107

CERTIFICATE OF DEATH

Reg. Dist. No. 04055 ... 355

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Boonsboro
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 10/1-2
STREET ADDRESS (If rural give location) 107 Burke Street

3. NAME OF DECEASED: (Type or Print) (First) BAYLOR (Middle) ULYSSES (Last) CRIST, SR.

4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 27 Dec 1876

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-self employed

10B. KIND OF BUSINESS OR INDUSTRY: Carriage Painter

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Osburn C. Crist

14. MOTHER'S MAIDEN NAME: Ida J. Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: B. U. Crist, Jr., RD#5, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: Generalized arteriosclerosis — 8 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: Haemorrhage of intestine — 2 wks

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1955, to April 12, 1955, that I last saw the deceased alive on April 11 1955, and that death occurred at 12:30A M, from the causes and on the date stated above.

SIGNATURE G. W. Litton M. D. ADDRESS Boonsboro, Maryland DATE SIGNED 13 April 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 14 April 1955 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR APRIL 14.1955 | REGISTRAR'S SIGNATURE John H. Baile

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

Dr. Shealy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

4108

04656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROHRERSVILLE RURAL
LENGTH OF STAY (in this place): 20 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROHRERSVILLE MD. R.1 -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROHRERSVILLE - RURAL
STREET ADDRESS (If rural, give location): ROHRERSVILLE MD. R.1

3. NAME OF DECEASED (Type or Print): (First) RAY (Middle) FRANKLIN (Last) DAUGHERTY

4. DATE OF DEATH: (Month) APRIL - (Day) 27 - (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB-16-1893

9. AGE last birthday: 62-2-11 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): SAMPLES MANOR WASH. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: AARON DAUGHERTY

14. MOTHER'S MAIDEN NAME: EMMA MYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. JAMES CURRY ROHRERSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the prostate — Interval between onset and death: 2 Yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1955, to 4/27/, 1955, that I last saw the deceased alive on Apr. 15, 55, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter H. Shealy M.D. ADDRESS: Sharpsburg, Md. DATE SIGNED: April 29, 1955.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: APRIL-30-1955 | NAME OF CEMETERY OR CREMATORY: SAMPLES MANOR CEMETERY | LOCATION (City, town, or county) (State): SAMPLES MANOR WASH. Co. MD

DATE REC'D BY LOCAL REG.: April 29 1955 | REGISTRAR'S SIGNATURE: Mrs Katherine Dagenhart

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS ADDRESS: BOONSBORO MD.

04057

MARYLAND — **STATE DEPARTMETT OF HEALTH**

4169

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X APPLETOWN - RURAL
LENGTH OF STAY (in this place): 3 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BOONSBOIRO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TERRA ALTA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EFFIE - (Middle) MAE - (Last) DEWITT

4. DATE OF DEATH: (Month) APRIL - (Day) 29 - (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCT. 19-1879

9. AGE last birthday: 75-6-10 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): TERRA ALTA W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN R. SHAFFER

14. MOTHER'S MAIDEN NAME: SUSAN M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: H.F. DEWITT BOONSBOIRO MD. R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X Immediate cause (a) Cardiovascular Collpse — Interval Between Onset and Death: hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis Gen. — yrs.

(c) Diabetes. Mellitus — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ..., 19 54, to Apr ..., 19 55, that I last saw the deceased alive on Apr 10, 19 55, and that death occurred at 12:00 Am., from the causes and on the date stated above.

SIGNATURE: Louis G. Gantt (Degree or title) M.D. ADDRESS 119 E. Antietam St. DATE SIGNED 4-30-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: MAY-1-1955

NAME OF CEMETERY OR CREMATORY: TERRA ALTA CEMETERY

LOCATION (City, town, or county) (State): TERRA ALTA W.VA.

DATE REC'D BY LOCAL REG.: April 30 1955

REGISTRAR'S SIGNATURE: John W. Bast

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4060

04058

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): 03 Hagerstown, Md.

LENGTH OF STAY (in this place): 15 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 21 Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Maryland.

STREET ADDRESS (If rural give location): 137 W. Bethel Street.

3. NAME OF DECEASED: (Type or Print) (First) Ashby (Middle) George (Last) Dixon

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Negro	Married	Mar 20 1908	47 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gardener	Private family	Luray, Va.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cyrus Dixon	Florabell Venie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	219-03-3243	Mrs. Marie Dixon 137 W. Bethel St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach & Metastasis — Interval Between Onset And Death: 1 MO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20/55 to 4/20/55, 19..., that I last saw the deceased alive on 4/20/55, 19..., and that death occurred at 1.25 P.M., from the causes and on the date stated above.

SIGNATURE: Ralph Greene M.D. — (Degree or title) — ADDRESS: Williamsport Md. — DATE SIGNED: 4/21/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-23-1955	Rose Hill Cemetery	Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 23. 1955	Chas. H. Bowers	John R Watson Jr	Hagerstown, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4061

CERTIFICATE OF DEATH

Reg. Dist. No. 0405 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (In this place) MARYLAND 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Washington Col Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Hagerstown
STREET ADDRESS (If rural give location) RFD #1

3. NAME OF DECEASED: (Type or Print) (First) Nannie (Middle) Divine (Last) Doarnberger

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 31, 1887

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Berryville, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Lewis

14. MOTHER'S MAIDEN NAME: Maude Divine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Grason Doarnberger, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4/16/55

ANTECEDENT CAUSE (B) DUE TO Hypertensive Cardiovascular Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 7 , 1948 to April 29, 1955, that I last saw the deceased alive on 4/29 , 1955, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE AND ADDRESS M.D. Hagerstown Md DATE SIGNED 4-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial

DATE THEREOF: 5-1-55

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 29, 1955

REGISTRAR'S SIGNATURE: Chas. H. Groves

24. FUNERAL DIRECTOR AND ADDRESS: Scott F. Minnich & Son, Hagerstown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04060

4110

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maugansville
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mennonite Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maugansville
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) Annna (Middle) H (Last) Eby

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 7, 1859

9. AGE last birthday 96 yrs.

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Lancaster, Penna.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Johns W Eby

14. MOTHER'S MAIDEN NAME: Susannna Hershey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Reuben Eby Cearfoss, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 6 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Senility DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10-, 1953, to 4-20-, 1953, that I last saw the deceased alive on 4-19-53 19 ..., and that death occurred at M, from the causes and on the date stated above.

SIGNATURE J. W Eby ADDRESS M. D. Hagerstown DATE SIGNED 4/21/53

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4/23/53 — NAME OF CEMETERY OR CREMATORY Reiffs Church Cemetery — LOCATION (City, town, or county) (State) Washington County, Md.

DATE REC'D BY LOCAL REGISTRAR Apr 22, 1953 — REGISTRAR'S SIGNATURE Chas H Bowers

24 FUNERAL DIRECTOR Rost Haven Funeral Chapel Inc. — ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04061

CERTIFICATE OF DEATH

4962 Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

DR. EITTO

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 1 HOUR
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN.
STREET ADDRESS (If rural give location) 970 JEFFERSON BOULEVARD

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) LESLIE (Last) EMMERT

4. DATE OF DEATH: (Month) APRIL (Day) 25 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: SEPT. 25 1877

9. AGE last birthday: 77-7-0 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): FAIRPLAY WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EZRA EMMERT

14. MOTHER'S MAIDEN NAME: ELEANOR MIDDLE KAUFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-34-0660

17. INFORMANT & ADDRESS: MRS. D.C. EAKLE - 970 JEFFERSON BLD. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Final

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24 ..., 19 55, to 4-25 ..., 19 55, that I last saw the deceased alive on 4-24-55, 19 .., and that death occurred at . M, from the causes and on the date stated above.

SIGNATURE N. E. Eittoo, M.D. ADDRESS DATE SIGNED 4-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: APRIL 27 1955 — NAME OF CEMETERY OR CREMATORY: MANOR CEMETERY — LOCATION (City, town, or county) (State): NEAR TILGHMANTON MD.

DATE REC'D BY LOCAL REGISTRAR: Apr 28 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04062

4163

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: Washington COUNTY — MARYLAND STATE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 03 Hagerstown
LENGTH OF STAY (in this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Garlock Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown 03
STREET ADDRESS (If rural give location): Randolph Ave. 1

3. NAME OF DECEASED: (First) Anna (Middle) (Last) Fagel
4. DATE OF DEATH: (Month) (Day) (Year) April 15 1955
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Dec. 1, 1864
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Wilmink
14. MOTHER'S MAIDEN NAME: Fredreicka Korb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO: --
17. INFORMANT & ADDRESS: Norma Huyett, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: Coronary sclerotic Heart Disease — a few
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO: Senility
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11-55, 19 , to 4-15, 1955, that I last saw the deceased alive on 4-14-55, 19 , and that death occurred at M, from the causes and on the date stated above.
SIGNATURE: S. W. Otto
ADDRESS: M. D. Hagerstown Md
DATE SIGNED: 4-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): burial
DATE THEREOF: 4-18,55
NAME OF CEMETERY OR CREMATORY: Pine Street Hill Cem.
LOCATION (City, town, or county) (State): Cincinnati, Ohio

DATE REC'D BY LOCAL REGISTRAR: Apr. 16, 1955
REGISTRAR'S SIGNATURE: Elias H. Boward
24. FUNERAL DIRECTOR: Scott F. Minnich & Son
ADDRESS: Hagerstown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4111

CERTIFICATE OF DEATH

Reg. Dist. No. 04063 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hagerstown rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Woodpoint

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown rural X
STREET ADDRESS (If rural give location) / Woodpoint

3. NAME OF DECEASED: (Type or Print) (First) Atley (Middle) E (Last) Furry

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Jan. 19, 1892

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10B. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Boonsboro, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Minnie D. (Furry) Ingram

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT & ADDRESS: Mrs. Minnie Ingram Hagerstown, Md. R6

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cirrhosis of the Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1955, to 4-6, 1955, that I last saw the deceased alive on 4-5-55, 19..., and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE A. W. Deitz ADDRESS M. Hagerstown, Md. DATE SIGNED 4/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 4-9-55

NAME OF CEMETERY OR CREMATORY: Rose Hill

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: April 8, 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Braiss ADDRESS: Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04064

4061

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Route # 2
STREET ADDRESS (If rural give location) Hagerstown Md.

3. NAME OF DECEASED: (Type or Print) (First) Ross (Middle) (Last) Geist

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 18 1896

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John B Geist

14. MOTHER'S MAIDEN NAME: Hannie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-8132

17. INFORMANT & ADDRESS: Mrs. Viola Geist R# 2 Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 47

IMMEDIATE CAUSE (A) Carcinoma of Rectum

ANTECEDENT CAUSE (S) DUE TO metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 Wks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23/55 19.., to 4/14/55 19.., that I last saw the deceased alive on 4/14/55 19.. and that death occurred at 3:57 M, from the causes and on the date stated above.

SIGNATURE Ralph L. Young M.D. ADDRESS William Fort Hag DATE SIGNED 4/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 4/16/55 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 15, 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04065

4065

CERTIFICATE OF DEATH

Reg. Dist. No. 3025

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Wash. C. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location) R. X V

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) E (Last) Gerrich

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) widowed

8. DATE OF BIRTH: 3-23-1891

9. AGE last birthday 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) practical nurse

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William E. Spanseller

14. MOTHER'S MAIDEN NAME: Anna Stup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-30-6152

17. INFORMANT & ADDRESS: Mrs. Orville D. Ahalt, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X IMMEDIATE CAUSE (A) Carcinoma of Lung DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Dot 54

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1954, to present, 19 5., that I last saw the deceased alive on Apr. 1, 1955, and that death occurred at 7.05 P M, from the causes and on the date stated above.

SIGNATURE AND M. D. Henry R. C. Lemon ADDRESS Middletown Md DATE SIGNED Apr. 4, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 4-4-1955 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery LOCATION (City, town, or county) Frederick (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 4, 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR AND ADDRESS Gladhill & Co., Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04066

4068

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY "ash ington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (In this place): 18 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: "Ash, County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 148 East "ashington St

3. NAME OF DECEASED: (First) CLARENCE (Middle) "ILLIAM (Last) GRIMM
4. DATE OF DEATH: (Month) Apr (Day) 19 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: "hite
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): "ar ied
8. DATE OF BIRTH: Nov 18 1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic Repair Typewriters
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Grimm
14. MOTHER'S MAIDEN NAME: Hannah Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO 214-09-1520
17. INFORMANT & ADDRESS: Mrs Betty Wine Grimm

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
201X
IMMEDIATE CAUSE (A) DUE TO Hodgkin's Disease — INTERVAL BETWEEN ONSET AND DEATH: approx. 1yr.
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18 55, to 4/19 55, that I last saw the deceased alive on 4/19 55, and that death occurred at 2 P M, from the causes and on the date stated above.
SIGNATURE O. J. Boyer M. D.
ADDRESS 135 N Potomac
DATE SIGNED 4/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4/22/55
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Apr 22 1955
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

04067

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4067

CERTIFICATE OF DEATH

Dr Welty

Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 651 Potomac Ave

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) HEZEKIAH (Last) HARLEY

4. DATE OF DEATH: (Month) Apr (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feby 4 1872

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber Self Employed

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James J. Harley

14. MOTHER'S MAIDEN NAME: Anna Robison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO. 216-32-7633

17. INFORMANT & ADDRESS: Mrs Beulah C. Harley

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X IMMEDIATE CAUSE — (A) Dissecting Aneurysm of Aorta — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) DUE TO Atherosclerosis of Aorta — 5 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. , 1954 to Apr. 22 , 1955, that I last saw the deceased alive on Apr. 22 , 1955, and that death occurred at 6:16 A M, from the causes and on the date stated above.

SIGNATURE Dalton M. Welty M. D. ADDRESS Hagerstown DATE SIGNED 4/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4/25/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 23, 1955 — REGISTRAR'S SIGNATURE Ethel H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A11 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4112 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Wells 4068

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH. COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chewsville
LENGTH OF STAY (in this place) 13 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ------

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsville
STREET ADDRESS (If rural give location) -----

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) LYDIA (Last) HARSHMAN

4. DATE OF DEATH: (Month) (Day) (Year) Apr 11 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Dec 13 1883 | 9. AGE last birthday: 71 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher | 10B. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Myersville Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Israel Harshman | 14. MOTHER'S MAIDEN NAME: Mary C. Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) ----- | 16. SOCIAL SECURITY NO none | 17. INFORMANT & ADDRESS: Mrs Geodge Krouse

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

345 IMMEDIATE CAUSE (A) multiple sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic cystitis — 2 yrs.

19A. DATE OF OPERATION: none | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) -

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. , 1946 , to April , 1955, that I last saw the deceased alive on Apr. 7 , 1955 , and that death occurred at 9:00AM, from the causes and on the date stated above.

SIGNATURE DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. ADDRESS 115 N. Potomac St- Hagerstown, Md DATE SIGNED 4-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4/13/55 | NAME OF CEMETERY OR CREMATORY Dunkard Cemetery | LOCATION (City, town, or county) (State) Beaver Creek Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 13, 1955 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Andrew K. Coffman | ADDRESS Hagerstown Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04663

4113

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LOCUST GROVE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROHRERSVILLE R.1

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LOCUST GROVE
STREET ADDRESS (If rural give location) ROHRERSVILLE MD. R.1

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WILLIAM (Last) HAYNES

4. DATE OF DEATH: (Month) APRIL (Day) 19 (Year) 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: SEPT. 15 1870

9. AGE last birthday: 84 yrs. 7 mos. 4 ds. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): LOCUST GROVE WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN W. HAYNES

14. MOTHER'S MAIDEN NAME: MARTHA E. HINES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MISS MARTHA HAYNES BOHRERSVILLE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Generalized arteriosclerosis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 17, 19 55, to Apr. 19, 19 55, that I last saw the deceased alive on Apr. 17, 19 55, and that death occurred at 5 A M, from the causes and on the date stated above.

SIGNATURE G. W. Oldham M. D.

ADDRESS Boonsboro

DATE SIGNED 4/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: APRIL 22 1955

NAME OF CEMETERY OR CREMATORY: LOCUST GROVE CEMETERY

LOCATION (City, town, or county) (State): LOCUST GROVE MD.

DATE REC'D BY LOCAL REGISTRAR: April 21st, 1955

REGISTRAR'S SIGNATURE: Katherine Rogerhaut

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS

ADDRESS: BOONSBORO MD

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. RALPH YOUNG

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04071

4063 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH:
   COUNTY WASHINGTON MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
   LENGTH OF STAY (in this place) 15 MINUTES
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE MARYLAND COUNTY WASHINGTON
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TILGHMANTON X
   STREET ADDRESS (If rural give location) FAIRPLAY MD. R.1

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) L (Last) HENNESY

4. DATE OF DEATH: (Month) APRIL (Day) 1 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH. MAY - 23 - 1899

9. AGE last birthday: 55 - 10 - 8 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POSTMISTRESS

10B. KIND OF BUSINESS OR INDUSTRY: U.S. POST OFFICE

11. BIRTHPLACE (State or foreign country): NEAR SHARPSBURG WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES T. BUSSARD

14. MOTHER'S MAIDEN NAME: STELLA GIET

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-0509

17. INFORMANT & ADDRESS: HOWARD T. HENNESY FAIRPLAY MD. R.1.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/55, 19 ., to 4/1/55, 19 ...., that I last saw the deceased alive on 4/1/55, 19 ., and that death occurred at ... M, from the causes and on the date stated above.

SIGNATURE Carl L Young ADDRESS M.D. Williamsport Md DATE SIGNED 4/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DATE THEREOF APRIL-3-1955 NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY LOCATION (City, town, or county) WILLIAMSPORT WASH-Co MD. (State)

DATE REC'D BY LOCAL REGISTRAR Apr. 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4069

CERTIFICATE OF DEATH

04072

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE S. Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenwood
77X3
STREET ADDRESS (If rural give location) 301 Montague Street

3. NAME OF DECEASED: (Type or Print) (First) Belle (Middle) Starnes (Last) Hitt

4. DATE OF DEATH: (Month) Apr. (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: July 31, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 8 Days 10 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY.

11. BIRTHPLACE (State or foreign country): Greenwood Co. South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore B. Starnes

14. MOTHER'S MAIDEN NAME: Martha Jane Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs. Elyce Dagenais, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) DUE TO Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Heart Disease — 4 mo. +

(C) Arteriosclerosis - General — yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Cerebral Thrombosis — 2 mo.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23 1955 to Apr. 11, 1955, that I last saw the deceased alive on Mar 11, 1955, and that death occurred at 7:45 A M, from the causes and on the date stated above.

SIGNATURE Clyde A. Hoffman M. D. ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED 4/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-14-1955

NAME OF CEMETERY OR CREMATORY Siloam Cemetery

LOCATION (City, town, or county) Greenwood, S. C. (State)

DATE REC'D BY LOCAL REGISTRAR Apr. 12, 1955

REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons

ADDRESS Hagerstown, Md.

33

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04073

4115

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Clear Spring
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40 E. Clapg.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring X
STREET ADDRESS (If rural give location) Route 40 E.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Nathan Albert Hornbaker

4. DATE OF DEATH: (Month) (Day) (Year) April 30- 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 21, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Franklin Co., Pa.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO. 217-32-5091

17. INFORMANT & ADDRESS: Mrs. Elsie D. Hornbaker-Clear Spring R D 1 Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NONE

19A. DATE OF OPERATION: NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 15, 1955, to APR 30, 1955, that I last saw the deceased alive on APRIL 8, 1955, and that death occurred at 3.00 AM, from the causes and on the date stated above.

SIGNATURE Arthur Robert Cohen M.D ADDRESS CLEAR SPRING, MARYLAND DATE SIGNED MAY 1, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: May 3-1955 — NAME OF CEMETERY OR CREMATORY: Shanktown Cemetery — LOCATION (City, town, or county) (State): Shanktown, Md.

DATE REC'D BY LOCAL REGISTRAR: May 3-1955 — REGISTRAR'S SIGNATURE: Joseph W. Murray Deputy — 24. FUNERAL DIRECTOR: Miriam E. Rowland — ADDRESS: Clear Spring, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04074

411C

CERTIFICATE OF DEATH

Reg. Dist. No. 300

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Clearspring
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RR 1 - Clearspring

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Clearspring
STREET ADDRESS (If rural, give location): RR 1 - Clearspring

3. NAME OF DECEASED: (First) GRACE (Middle) Mae (Last) Horst

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug. 15, 1894

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Washington Co., Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Daniel Eshleman

14. MOTHER'S MAIDEN NAME: Myrtle Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Henry S. Horst, Route 1, Clearspring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause: 420.1
(a) Coronary occlusion, acute, severe — Interval Between Onset and Death: 2 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertensive Heart Disease — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Chronic glomerulonephritis — unknown

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 30, 1953, to April 24, 1955, that I last saw the deceased alive on Dec. 27, 1954, and that death occurred at 11:35 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Charles Robert Coblentz M D Clear Spring, Maryland April 26, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/27/55 — NAME OF CEMETERY OR CREMATORY: Clearspring Mennonite Cem. — LOCATION (City, town, or county) (State): Clearspring, Md

DATE REC'D BY LOCAL REG.: April 26 1955 — REGISTRAR'S SIGNATURE: Joseph W. Murray JP

24. FUNERAL DIRECTOR — ADDRESS: M. Mynnich - Greencastle Penna.

VS. A15 8-51

Item 18 Film C181 5-3-55 ams 4473

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04075 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md RFD #2
STREET ADDRESS (If rural give location) Williamsport Md. R. F. D. #2

3. NAME OF DECEASED: (Type or Print) First Bertha (Middle) Devina (Last) Johnson

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 25 1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months 9 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Pinesburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James B. Hose

14. MOTHER'S MAIDEN NAME: Matilda Dickerhoff

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 217-28-7266

17. INFORMANT & ADDRESS: Mr. Daniel J. Johnson Williamsport Md. RFD #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 174 Carcinomatosis, either ovarian or uterine exact site unknown — Interval Between Onset And Death 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-27-55

19b. MAJOR FINDINGS OF OPERATION: Metastic carcinoma of Inguinal node

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 March, 1955, to April 20, 1955, that I last saw the deceased alive on 20 April, 1955, and that death occurred at 9 22 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Haak M.D. ADDRESS Williamsport, Md. DATE SIGNED 22 April 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 23-55 NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery LOCATION (City, town, or county) (State) Williamsport Maryland

DATE REC'D BY LOCAL REGISTRAR Apr 22 1955 REGISTRAR'S SIGNATURE Ethel H Bowers

24. FUNERAL DIRECTOR ADDRESS Albert L Leaf Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04076

4071

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washingtin — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md. (3) — LENGTH OF STAY (in this place) 20yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 N. Jonathan, Street (or)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland. — 3 / 1
STREET ADDRESS (If rural give location) 413 N Jonathan Street.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Henry (Last) Johnson

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 11 1899

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Dept Store

11. BIRTHPLACE (State or foreign country): Camden, N.J.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Brezila Johnson

14. MOTHER'S MAIDEN NAME: Rachel Hamilton

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: 402-26-0967

17. INFORMANT & ADDRESS: Edna Wilkerson 414 N. Jonathan St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 12 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I had never treated patient prior to his cerebral accident. I think no one else did either

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25-55, 19... ., to 4-26 ., 1955, that I last saw the deceased alive on 4-25, 1955, and that death occurred at 4:04 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert P. Conrad, MD — ADDRESS Hagerstown, Md — DATE SIGNED 4-27-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-29-1955 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR Apr. 28, 1955 — REGISTRAR'S SIGNATURE Chas H. Rogers — 24. FUNERAL DIRECTOR John R Watson Jr. — ADDRESS Hagerstown Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4077

4072

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
   COUNTY: WASHINGTON
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN (23)
   LENGTH OF STAY in this place: 50 YRS. (MARYLAND)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL (21)

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND COUNTY: WASHINGTON
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN (03)
   STREET ADDRESS (If rural give location): 20 W. FRANKLIN ST. (1)

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) SMALLWOOD (Last) JONES

4. DATE OF DEATH: (Month) APRIL (Day) 11 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 4/23/1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JESSE A. METZ

14. MOTHER'S MAIDEN NAME: MARY E. FARROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. JUANITA TURNER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cardiovascular Collapse

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Congestive Failure

DUE TO (C) Myocardial Infarct

INTERVAL BETWEEN ONSET AND DEATH: hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6/53, 19 , to 4/10/55, 19 , that I last saw the deceased alive on 4/10, 19 55, and that death occurred at 6:40 M, from the causes and on the date stated above.

SIGNATURE Louis E. Smith M.D. ADDRESS M.D. 119 E. Antietam DATE SIGNED 4/12/55

23. BURIAL, CREMATION, REMOVAL, SPECIFY: Burial DATE THEREOF 4/13/55 NAME OF CEMETERY OR CREMATORY Rest Haven Cem. LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Apr 12 1955 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR W. J. Rosemont ADDRESS Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4073

04078

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (In this place) 35 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 55 East Antietam.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 55 East Antietam.,

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) Daniel (Last) KAETZEL

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 25, 1884

9. AGE Last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Gapland Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George W. Kaetzel

14. MOTHER'S MAIDEN NAME: Almire Mullendore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 205-10-7378

17. INFORMANT AND ADDRESS: Merle G. Kaetzel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X Immediate cause (a) Uremia

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Bladder

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 to 2 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1955, to 4/28, 1955, that I last saw the deceased alive on 4/27, 1955 and that death occurred at 5:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. J. Boyer M.D. ADDRESS 135 N. Potomac St. DATE SIGNED 4/29/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/30/55

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: April 30, 1955

REGISTRAR'S SIGNATURE: Grace H. Loavers

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown, Md.

4074 (0417)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Item 2, FilmG181 5-3-55 at

1. PLACE OF DEATH:
COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
MARYLAND LENGTH OF STAY (In this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Franklin
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] Scotland
STREET ADDRESS (If rural give location): Mennonite Home ---

3. NAME OF DECEASED: (Type or Print) (First) NANCY (Middle) L. (Last) KAUFFMAN

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: December 8, 1873

9. AGE Last birthday: 81 yrs. (If under 1 year: Months 4, Days, Hours, Min.) (If under 24 hrs.: Days 16, Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10B. KIND OF BUSINESS OR INDUSTRY.

11. BIRTHPLACE (State or foreign country): Letterkenny Township, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Kauffman

14. MOTHER'S MAIDEN NAME: Hettie Bricker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Letha Barkdoll Scotland, Penna.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7044
IMMEDIATE CAUSE (A) Pemphigus, chronic — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Arteriosclerosis, generalized — 4 - 5 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1955 to April 24, 1955 that I last saw the deceased alive on April 24, 1955, and that death occurred at 5 P M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS OF M.D.: Hagerstown, Md. — DATE SIGNED: 4/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 4/27/55

NAME OF CEMETERY OR CREMATORY: Mennonite Cemetery

LOCATION (City, town, or county) (State): Chambersburg, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: Apr. 25, 1955

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Barbour Funeral Home ADDRESS: Chambersburg, Penna.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (4(18(1)

4117

CERTIFICATE OF DEATH

Reg. Dist. No. 3 63.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hagerstown R.F.D. #2
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 115 Broadway

3. NAME OF DECEASED: (Type or Print) (First) LOTTIE (Middle) MAY (Last) KEYSER

4. DATE OF DEATH (Month) April (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: November 1, 1878

9. AGE last birthday IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HRS. Hours Min.: 76 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salem, Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Renner

14. MOTHER'S MAIDEN NAME: Sarah Middlekauff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Catherine Coss Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (B) DUE TO: Cause not determined

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Arterial Sclerosis — 10 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15 1954 to April 6, 1955 that I last saw the deceased alive on April 5, 1955, and that death occurred at 11 a. M. from the causes and on the date stated above.
SIGNATURE David R Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 4/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4/9/55
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Wash., Maryland

DATE REC'D BY LOCAL REGISTRAR: Apr. 9, 1955
REGISTRAR'S SIGNATURE: Leroy M. Lockhart

24. FUNERAL DIRECTOR: C. M. Suter & Sons ADDRESS: Hagerstown, Maryland

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. David Brewer

DR. ROBERT CAMPBELL

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53 20452413644

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04081

4975

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND. COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) KEITH (Middle) IVAN (Last) KITCHEN

4. DATE OF DEATH: (Month) APRIL (Day) 7 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: APRIL 7 1955

9. AGE last birthday ——— yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. 4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): HAGERSTOWN WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES KITCHEN

14. MOTHER'S MAIDEN NAME: ESTHER FLOOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: CHARLES KITCHEN BOONSBORO MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0

IMMEDIATE CAUSE (A) DUE TO Premature Separation Placenta — INTERVAL BETWEEN ONSET AND DEATH 5-10 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7/55 19 ., to 4/7/ , 1955, that I last saw the deceased alive on 4/7/55, 19 ., and that death occurred at 7:45 M, from the causes and on the date stated above.

SIGNATURE Robert M Campbell M.D. ADDRESS Hagerstown DATE SIGNED 4/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF APRIL 8 1955 — NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery — LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 8 1955 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Wm. F. Bast and Sons — ADDRESS Boonsboro Md.

. 4118 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04082

CERTIFICATE OF DEATH

Reg. Dist. No. 305

D.L. HARP

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LITTLESTOWN; LENGTH OF STAY (in this place) 61 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MIDDLETOWN MD. R-1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LITTLESTOWN X; STREET ADDRESS (If rural give location) MIDDLETOWN MD. R-1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ORPHA - LYDIA - KLINE

4. DATE OF DEATH: (Month) (Day) (Year) APRIL - 7 - 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH. MAY - 30 - 1875

9. AGE last birthday 79 - 10 - 7 yrs

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): NEAR WEVERSVILLE FRED. CO. MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE W. MAIN

14. MOTHER'S MAIDEN NAME: MARY E. MAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: GEORGE W. KLINE MIDDLETOWN MD. R-1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X IMMEDIATE CAUSE — (A) Carcinoma Stomach & Hemorrhages (Severe) — INTERVAL BETWEEN ONSET AND DEATH: one week

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) DUE TO Carcinoma Uterus — ?

(C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug , 1954, to Apr 7., 1955, that I last saw the deceased alive on April 5, 1955, and that death occurred at 5-30 P.M., from the causes and on the date stated above.

SIGNATURE J E Harp M. D. ADDRESS Middletown DATE SIGNED Apr 8 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF APRIL-10-1955

NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY

LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR April-8-1955

REGISTRAR'S SIGNATURE John D. Bast

24. FUNERAL DIRECTOR WM. F. BAST AND SONS

ADDRESS BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04083

4119

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X U.S. ROUTE - 11
LENGTH OF STAY (in this place) 5 DAYS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HAGERSTOWN MD. R. 6.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE X 1
STREET ADDRESS (If rural give location) MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) EDWARD - BAKER - KNADLER

4. DATE OF DEATH: (Month) (Day) (Year) APRIL - 10 - 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JULY - 27 - 1867

9. AGE last birthday: 87-8-13 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: SEED COMPANY.

11. BIRTHPLACE (State or foreign country): KEEDYSVILLE WASH. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MAHLON KNADLER

14. MOTHER'S MAIDEN NAME: ANN SOPHIA CARR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - NO - (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. ROBERT R. WYAND KEEDYSVILLE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450 D	IMMEDIATE CAUSE	(A)	
	ANTECEDENT CAUSE (S)	DUE TO Generalized arteriosclerosis	10 yr.
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hemorrhage from bladder	3 wk.
		(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1955, to April 10, 1955, that I last saw the deceased alive on April 9, 1955, and that death occurred at 2:15 P M, from the causes and on the date stated above.

SIGNATURE H. H. Wilkin M. D. ADDRESS Boonsboro DATE SIGNED 4/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF APR. 13. 1955

NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY

LOCATION (City, town, or county) (State) KEEDYSVILLE WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR April 13, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD.

4176 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04084

Dr. B.B. Kneisley **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 951 The Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown
STREET ADDRESS (If rural give location) 951 The Terrace

3. NAME OF DECEASED (Type or Print): (First) DAISY (Middle) SOPHIA (Last) KNEISLEY

4. DATE OF DEATH: (Month) April (Day) 14, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH: Sept. 27, 1875 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bester | 14. MOTHER'S MAIDEN NAME: Mary A. Sommar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service) — — — — | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mrs. Mary Bowman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Arteriosclerosis with DUE TO Hypertensive Vascular Disease — Indefinite

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10 1955, to Apr. 15, 1955, that I last saw the deceased alive on Apr. 14, 1955, and that death occurred at 1 A M, from the causes and on the date stated above.

SIGNATURE B.B. Kneisley M.D. ADDRESS Hagerstown, Md. DATE SIGNED Apr. 15, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 4-17-55 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 16 1955 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Andrew K. Coffman-Hagerstown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04085

4120

CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hagerstown, Md R.D.2
LENGTH OF STAY (in this place) 4½ Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gate Way Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro
STREET ADDRESS (If rural give location) 216 W. North

3. NAME OF DECEASED: (Type or Print) (First) Naomi (Middle) Pearl (Last) Lohr

4. DATE OF DEATH: (Month) Apr. (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Aug. 17, 1894

9. AGE last birthday: 60 yrs
IF UNDER 1 YEAR: Months 8 Days
IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator

10B. KIND OF BUSINESS OR INDUSTRY: Frick Co.

11. BIRTHPLACE (State or foreign country): Waynesboro, Pa. R.D. 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otto E. Lohr

14. MOTHER'S MAIDEN NAME: Dora B. De Vou

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 173-03-1634

17. INFORMANT & ADDRESS: Mrs Clyde Woolridge Jr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 421.4

(A) Chronic Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Acute Cardiac Failure — 2 days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1955, to April 14, 1955, that I last saw the deceased alive on April 13, 1955, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE: David R. Brewer M. D. ADDRESS: Clear Spring Md. DATE SIGNED: 4/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Apr. 16, 1955

NAME OF CEMETERY OR CREMATORY: Green Hill Cem.

LOCATION (City, town, or county) (State): Waynesboro, Pa.

DATE REC'D BY LOCAL REGISTRAR: April 14-1955

REGISTRAR'S SIGNATURE: Joseph W. Murray

24. FUNERAL DIRECTOR: Walter J. Grove ADDRESS: Waynesboro, Pa.

04086

MARYLAND

STATE DEPARTMETT OF HEALTH

4077

CERTIFICATE OF DEATH

Reg. Dist. No. 302

DR. LOUIS CRAFF

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (In this place): 1 HOUR
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FUNKSTOWN
STREET ADDRESS (If rural, give location): E. BALTIMORE ST.

3. NAME OF DECEASED (Type or Print): HENRY (First) W (Middle) LOWMAN (Last)

4. DATE OF DEATH: APRIL - 28 - 1955 (Month) (Day) (Year)

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Feb. 7, 1882

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED EMPLOYEE OF STATE FORESTRY DPT.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: HENRY B. LOWMAN

14. MOTHER'S MAIDEN NAME: ELIZA WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MISS. IOLA LOWMAN FUNKSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular Collapse — Interval Between Onset and Death: hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — Interval Between Onset and Death: Yrs.

(c) Carcinoma - Colon — Interval Between Onset and Death: 2 Yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1955, to 4/28, 1955, that I last saw the deceased alive on 4/28, 1955, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE: Louis S Craff (Degree or title) M.D. ADDRESS: 119 E Antietam St. DATE SIGNED: 4/29/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: APRIL-30-1955

NAME OF CEMETERY OR CREMATORY: FUNKSTOWN CEMETERY

LOCATION (City, town, or county) (State): FUNKSTOWN WASH. Co. MD.

DATE REC'D BY LOCAL REG.: Apr. 29, 1955

REGISTRAR'S SIGNATURE: Thos A. Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS

ADDRESS: BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04087

4073

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown

LENGTH OF STAY (in this place) 14 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Clear Spring, Md.

STREET ADDRESS (If rural, give location) Near St. Paul's

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Mills

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 5, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Abraham Mills

14. MOTHER'S MAIDEN NAME: Elizabeth Whetstone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Rosa Flannagan- Clear Spring, Md. R D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT WITH RIGHT HEMIPLEGIA	2 WEEKS
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE	UNKNWON
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 2, 1955, to APRIL 16, 1955, that I last saw the deceased alive on APRIL 16, 1955, and that death occurred at 10-15 A. m., from the causes and on the date stated above.

SIGNATURE Leslie Robert Cohen (DEGREE OR TITLE) M D ADDRESS CLEAR SPRING, MARYLAND DATE SIGNED APRIL 18, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Apr. 19-55 — NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery — LOCATION (City, town, or county) (State) Near Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 18, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Adrian D. Kensland — ADDRESS Clear Spring, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

4-75

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

104088

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
MARYLAND
LENGTH OF STAY (In this place) 63 years
03 00 HOSPITAL OR INSTITUTION OR STREET ADDRESS 229 Willard St.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 229 Willard St. 1

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Robert (Last) Morris

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1955

5. SEX Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8 DATE OF BIRTH July 28, 1874 | 9. AGE last birthday 80 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10B KIND OF BUSINESS OR INDUSTRY: Grocery

11 BIRTHPLACE (State or foreign country) Martinsburg W. Va.

12. CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME John Morris

14. MOTHER'S MAIDEN NAME Mary O. Wolfensberger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO. 214-09-6257

17 INFORMANT & ADDRESS John O. Morris Jersey Shore Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Hypostatic Pneumonia Heart Block — INTERVAL BETWEEN ONSET AND DEATH 2

ANTECEDENT CAUSE (B) DUE TO Arthritis — 2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Urinary Retention — 1 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to April 24, 1955, that I last saw the deceased alive on April 22, 1955, and that death occurred at 9 P. M. from the causes and on the date stated above.

SIGNATURE Percy J. McLearen M. D. ADDRESS Hagerstown Md. DATE SIGNED 4/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF Apr. 28, 1955 | NAME OF CEMETERY OR CREMATORY Greenmount Crematory | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 27, 1955 | REGISTRAR'S SIGNATURE Edward H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04089

4080

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1 PLACE OF DEATH: COUNTY WASHINGTON; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN; MARYLAND; LENGTH OF STAY (in this place) LIFE; HOSPITAL OR INSTITUTION OR STREET ADDRESS GARLOCK CON. MEM. HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural give location) 18 COFFMAN AVE.

3 NAME OF DECEASED: (First) LEAH (Middle) VIRGINIA (Last) MURRAY

4. DATE OF DEATH (Month) APRIL (Day) 2 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2/16/1875

9. AGE last birthday: 80 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired): HOUSEWIFE

10B KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: GEORGE SNYDER

14. MOTHER'S MAIDEN NAME: ELIZA CREUTHERS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: NONE

17 INFORMANT & ADDRESS: MR. JOHN D. MURRAY HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: > 2 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31-55 to 4-2-, 1955, that I last saw the deceased alive on 4-1-, 1955, and that death occurred at M. from the causes and on the date stated above.

SIGNATURE L. W Dittoe ADDRESS Hagerstown Md DATE SIGNED 4-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 4/5/55; NAME OF CEMETERY OR CREMATORY Rose Hill Cem.; LOCATION (City, town, or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REGISTRAR Apr. 4. 1955; REGISTRAR'S SIGNATURE Ethel H. Boewer

24. FUNERAL DIRECTOR W. J. Kornell, Hagerstown Md ADDRESS

4121

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 04-10-(1)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. #40 East of Hagerstown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) R# 5

3. NAME OF DECEASED: (Type or Print) (First) Leroy (Middle) William (Last) Nalley

4. DATE OF DEATH (Month) April (Day) 10 (Year) 19 55

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Single **8. DATE OF BIRTH:** 12/20/30 **9. AGE** last birthday: 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Maintenance **10b. KIND OF BUSINESS OR INDUSTRY:** Auto dealer **11. BIRTHPLACE** (State or foreign country): Pittsburg Penna **12. CITIZEN OF WHAT COUNTRY?** U.S.

13. FATHER'S NAME: William Grant Nalley **14. MOTHER'S MAIDEN NAME:** Gladys R. Risher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** 215-26-2382 **17. INFORMANT & ADDRESS:** Wm. G. Nalley R# 5 Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) DUE TO: Fractured cervical vertebra (closed) — 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: and shock

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none **19b. MAJOR FINDING OF OPERATION:** - **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY Highway **21c.** (City or town) Rural - Hagerstown (County) -Wash. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 -10-55 1:00 AM. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Head -on automobile collison

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 4-11-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 4/12/55 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. Apr. 12 1955 REGISTRAR'S SIGNATURE John T. Bast

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4981

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04950

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Hagerstown
LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1024 Georgia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1024 Georgia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Grant (Last) Nazelrod

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 22 1879

9. AGE last birthday 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10B. KIND OF BUSINESS OR INDUSTRY: Coal Field

11. BIRTHPLACE (State or foreign country): Parsons W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elija Nazelrod

14. MOTHER'S MAIDEN NAME: Susan Klentch Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-10-3520

17. INFORMANT & ADDRESS: Clara M. Trumpower 1026 Georgia Ave Hagerstown, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arterio Sclerotic Heart Disease with — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSE (S) DUE TO Myocardial Failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None — **19B. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to 28 Apr, 1955, that I last saw the deceased alive on 28 Apr, 1955, and that death occurred at 3 30 P M, from the causes and on the date stated above.

SIGNATURE F F Lusby — ADDRESS M.D. 230 N Potomac — DATE SIGNED 29 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF May 1, 1955 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 30, 1955 — REGISTRAR'S SIGNATURE: Ethel H. Bowers

24. FUNERAL DIRECTOR: Rest Haven Funeral Chapel Inc. — ADDRESS: Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04070

4114

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: file the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay R#1 — LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay
STREET ADDRESS (If rural, give location) R#1

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) B. (Last) (Mal) Near

4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/28/1882

9. AGE (Last birthday): 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: Municipal

11. BIRTHPLACE (State or foreign country): Carlton Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Raymond D. Near

14. MOTHER'S MAIDEN NAME: Ada E. McLaughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Harold S. Near Fairplay R#1 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate — Interval Between Onset and Death: 3yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1955

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 54, to 5 April, 19 55, that I last saw the deceased alive on 31 March, 19 55, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): T. Earl Stack M.D. — ADDRESS: Williamsport, Md. — DATE SIGNED: 5 April 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/8/55 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Apr. 7, 1955 — REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR — ADDRESS: Rest Haven Funeral Chapel Inc. Hagerstown. Md.

4782

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04092

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 60 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 445 N. MULBERRY ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 445 N. MULBERRY ST.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) ADAMS (Last) NEWCOMER

4. DATE OF DEATH: (Month) APRIL (Day) 5 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 6/17/1878

9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.: 76 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never "Retired"): RETIRED ORDERLY

10B. KIND OF BUSINESS OR INDUSTRY: HOSPITAL

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMIN F. NEWCOMER

14. MOTHER'S MAIDEN NAME: BARBARA ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. JOSEPHINE NEWCOMER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — ?
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1955, to April 5, 1955, that I last saw the deceased alive on March 26, 1955, and that death occurred at 6.05 P.M., from the causes and on the date stated above.
SIGNATURE Chas. H. Bowers M. D. ADDRESS Hagerstown Md. DATE SIGNED 4/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 4/8/55 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cem. — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Apr 8 1955 — REGISTRAR'S SIGNATURE: Chas H. Bowers

24 FUNERAL DIRECTOR: W. J. Normentt — ADDRESS: Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04093

4283

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Hagerstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 340 N Jonathan Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland 03; STREET ADDRESS (If rural give location) 340 N Jonathan Street 1

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Retta (Last) Norris

4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 23 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Edward E. Nelson

14. MOTHER'S MAIDEN NAME: Elizabeth Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS. Mrs Maretta N. Jackson 340 N Jona[illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Heart disease with — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs +

ANTECEDENT CAUSE (S) DUE TO Myocardial failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 1950, to 29 Apr ....., 1955, that I last saw the deceased alive on 29 Apr ....., 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE F F Busby ADDRESS M. D. 230 N Potomac DATE SIGNED 3 May 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5-4-1955 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR May 4, 1955 — REGISTRAR'S SIGNATURE Chas H. Bowers — 24. FUNERAL DIRECTOR — ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

4122

05046 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 502

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rr. Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Showalter Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 720 W. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) PRESTON (Middle) BROWN (Last) NORRIS

4. DATE OF DEATH (Month) April (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 13, 1930

9. AGE Last birthday: 35 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Service Station Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Norris

14. MOTHER'S MAIDEN NAME: Ida Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII 2

16. SOCIAL SECURITY NO.: 317-10-2731

17. INFORMANT & ADDRESS: Mrs. Mabel Norris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) vascular hypertension — ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) acute cerebral hemorrhage — 30 min

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) none (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. Robert Wells, M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
M. D.

DATE SIGNED 5-8-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-26-55

NAME OF CEMETERY OR CREMATORY Dunkard Cemetery

LOCATION (City, town, or county) (State) Broadfording, Md.

DATE REC'D BY LOCAL REG. May 10, 1955

REGISTRAR'S SIGNATURE Frank Boccero

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15A - 5 - 53

4084 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04094

CERTIFICATE OF DEATH

Reg. Dist. No. 302

DR. LUSBY

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) NO. 14 DOWNSVILLE PIKE

3. NAME OF DECEASED: (Type or Print) (First) SADIE (Middle) A. (Last) NUNAMAKER

4. DATE OF DEATH: (Month) APRIL (Day) 15 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY-14-1877
9. AGE last birthday: 77-11-1 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): SHARPSBURG WASH. Co. MD. U.S.A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: DANIEL SOUDERS
14. MOTHER'S MAIDEN NAME: MARGARET MONGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: HAGERSTOWN MD HARVEY M. NUNAMAKER - 14 Downsville Pike

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
4438

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive - Arteriosclerotic C-V Disease — 10 yrs +
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Apr, 1955, to 15 Apr, 1955, that I last saw the deceased alive on 15 Apr, 1955, and that death occurred at 6 30 P M, from the causes and on the date stated above.
SIGNATURE F F Lusby
M. D. ADDRESS 230 N Potomac
DATE SIGNED 16 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF APRIL-18-1955
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 18 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm. F. Bast and Sons
ADDRESS Boonsboro Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4985 Item 2, Film G180 4-15-55 et 04095

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (In this place) 50YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural, give location) WASHINGTON COUNTY HOME
65 West Side Ave., Hagerstown

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) LEVI (Last) PENNER

4. DATE OF DEATH: (Month) APRIL (Day) 1 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: 10/21/1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life): RETIRED STONE MASON

10B. KIND OF BUSINESS OR INDUSTRY: CEM. MONUMENTS

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL PENNER

14. MOTHER'S MAIDEN NAME: MARY LOUISE MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS. IRENE HIRSHBERGER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 423.0 (A) Hypertensive arteriosclerotic heart disease — unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Renal calculus-Right unknown; Carcinoma of rectum unknown.

19A. DATE OF OPERATION: June

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/55 to 4/1/55, that I last saw the deceased alive on 3/31/55, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

Leslie Robert Cohen M.D. ADDRESS Clear Spring, Md. DATE SIGNED 4/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4/4/55 — NAME OF CEMETERY OR CREMATORY Rest Haven Cem. — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 4 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. J. Nordt — ADDRESS Hagerstown Md.

Dr. Cohen

MARYLAND STATE DEPARTMENT OF HEALTH

04096

4123

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. | LENGTH OF STAY in this place: 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 W. Salisbury St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 28 W. Salisbury St.

3. NAME OF DECEASED (Type or Print): (First) Hazel (Middle) Virginia (Last) Poole
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 14-27
9. AGE last birthday: 28 yrs. | If under 1 year Mos. 1 Days 8 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (State or foreign country): Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emmert Poole
14. MOTHER'S MAIDEN NAME: Hazel Mildred Flora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 215-20-7994
17. INFORMANT AND ADDRESS: Mr. Emmert Poole 28 W. Salisbury St Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Lymphatic Leukemia — Interval between onset and death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1954, to 23 April, 1955, that I last saw the deceased alive on 23 April, 1955, and that death occurred at 1:10 m., from the causes and on the date stated above.

SIGNATURE: Lauerhaas MD (Degree or title) ADDRESS: Williamsport, Md DATE SIGNED: 23 April 55

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: April 26-55
NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG.: April 25-1955
REGISTRAR'S SIGNATURE: E Lee McElwee
24. FUNERAL DIRECTOR: Albert L. Leaf ADDRESS: Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04097

: 4124

CERTIFICATE OF DEATH

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Williamsport — LENGTH OF STAY (In this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 154 N Bertrand St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown
STREET ADDRESS (If rural, give location) 143 S Potomac St.

3. NAME OF DECEASED: (First) Nancy (Middle) (Last) Ramacciotti

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 4, 1893

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Prof.

10b. KIND OF BUSINESS OR INDUSTRY: Arts Bldg.

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dominico Ramacciotti

14. MOTHER'S MAIDEN NAME: Ausilia Lazzari

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 214-09-5971

17. INFORMANT & ADDRESS: Mrs. J Hawkey 1875 Fountain Rd. R.d. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Vascular accident — Interval between onset and death: 5 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertensive Arteriosclerotic Heart Dis. — 15 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus. — 15 yrs.

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 March 1955 to 13 April 1955, that I last saw the deceased alive on 13 April 1955, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Clive Hawk M.D. — Williamsport Md — 13 April 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF April 16/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL Apr. 15, 1955 — REGISTRAR'S SIGNATURE Mrs Edie M Elroy

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown, Md.

4086 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Lusby 04098

CERTIFICATE OF DEATH

Reg. Dist. No. 30?

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 29 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 South Cannon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown,
STREET ADDRESS (If rural give location) 306 South Cannon Ave

3. NAME OF DECEASED: (First) Victor (Middle) Alfred (Last) Reel (Type or Print)

4. DATE OF DEATH: (Month) April (Day) 19, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 25, 1897
9. AGE last birthday: 58 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber Inspector
10B. KIND OF BUSINESS OR INDUSTRY: for Hagerstown Md.
11. BIRTHPLACE (State or foreign country): Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Reel
14. MOTHER'S MAIDEN NAME: Annie Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. I
16. SOCIAL SECURITY NO. 214-09-9488
17. INFORMANT & ADDRESS: Mrs Mary Powell Reel

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Coronary Occlusion (1st attack)	36 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) 2d attk	1 day
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Nil	

19A. DATE OF OPERATION: Nil
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Mar, 1955, to 19 Apr, 1955, that I last saw the deceased alive on 19 Apr, 1955, and that death occurred at 7 30 AM, from the causes and on the date stated above.

SIGNATURE F F Lusby M.D. ADDRESS DATE SIGNED 20 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/22/55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr 22 1955
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

4787 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04099

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 24 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 141 E. Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 141 E. Baltimore St.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) ELIZABETH. (Last) Reid

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/19/1869

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House WIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ABRAM D. GRIMM

14. MOTHER'S MAIDEN NAME: MARTHA JENNINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. PAULINE ARNOLD 141 E. BALTIMORE ST. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S) DUE TO (due to Carcinoma of Sigmoid)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1955, to April 21, 1955, that I last saw the deceased alive on April 20, 1955, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

SIGNATURE Philip A. Hoffman M.D. ADDRESS Hagerstown Md. DATE SIGNED 4/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF APRIL 23 1955

NAME OF CEMETERY OR CREMATORY ST. LUKES EPISCOPAL CEMETERY

LOCATION (City, town, or county) (State) BROWNSVILLE MD.

DATE REC'D BY LOCAL REGISTRAR Apr 22 1955

REGISTRAR'S SIGNATURE Blair H. Bowers

24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4-88

CERTIFICATE OF DEATH

Reg. Dist. No. 04100 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. RFD # 2; STREET ADDRESS (If rural give location) Pinesburg

3. NAME OF DECEASED: (Type or Print) (First) Mason (Middle) (Last) Renner

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 25 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 9 Days 22 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret'd Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Marsh Pike Washington Co.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David G. Renner

14. MOTHER'S MAIDEN NAME: Rebecca Ridenour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No; (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 214-03-6264

17. INFORMANT & ADDRESS: (sister) Mrs. Stanley Neikirk Funkstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion, acute, severe — Interval Between Onset And Death: 4 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of the prostate with metastasis — unknown

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1955, to April 17, 1955, that I last saw the deceased alive on April 17, 1955, and that death occurred at 8:45 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Robert Cohen M. D. ADDRESS Clear Spring, Maryland DATE SIGNED April 19, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF April 20-55; NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery; LOCATION (City, town, or county) (State) Western Pike Md.

DATE REC'D BY LOCAL REGISTRAR Apr 19 1955; REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Edith V. Leaf Williamsport Md. ADDRESS

VS. A15

VS. A15—10-5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4089

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04101

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; MARYLAND LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 415 George Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Francis (Last) Rickrode

4. DATE OF DEATH (Month) Apr. (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower

8. DATE OF BIRTH: Feb. 28, 1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 1; Days 9; IF UNDER 24 HRS: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Grocerman

10B. KIND OF BUSINESS OR INDUSTRY: Owned own Business

11. BIRTHPLACE (State or foreign country): Adams Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sylvester Rickrode

14. MOTHER'S MAIDEN NAME: Mary Gallagher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-30-9545

17. INFORMANT & ADDRESS: Mrs. UrbanRobinson, New Oxford, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Sclerotic - Heart Disease - DUE TO — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (B) Arterio-Sclerosis Generalized ? DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) V

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 0

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1954, to 4/7, 1955, that I last saw the deceased alive on 4/7, 1955, and that death occurred at 2 P.M. from the causes and on the date stated above.

SIGNATURE AND M. D. Victor D. Miller DR. VICTOR D. MILLER

ADDRESS 131 W. WASHINGTON HAGERSTOWN, Md.

DATE SIGNED 4/9-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burail

DATE THEREOF 4-11-1955

NAME OF CEMETERY OR CREMATORY HAGERSTOWN St. Aloysius Cemetery

LOCATION (City, town, or county) (State) Littlestown, Pa.

DATE REC'D BY LOCAL REGISTRAR Apr. 8, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred. F. Feiser, New Oxford, Pa.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4^90 — 04102 — Dr Hornbaker 302 — Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 03 Hagerstown
LENGTH OF STAY (in this place): 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 91 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Marvland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 5
STREET ADDRESS (If rural give location): Leitersburg

3. NAME OF DECEASED: (Type or Print) HARRY (First) BRENT (Middle) ROGERS Sr. (Last)

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 8 1891

9. AGE last birthday: 63 yrs — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Life Insurance

11. BIRTHPLACE (State or foreign country): Winchester Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rufus Rogers

14. MOTHER'S MAIDEN NAME: Carrie Brent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-01-3566

17. INFORMANT & ADDRESS: Harry E. Rogers Jr

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic heart disease with arteriolar nephrosclerosis — ? 2 yrs.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1954, to 4-6, 1955, that I last saw the deceased alive on 4-6, 1955, and that death occurred at 2.15 P. M, from the causes and on the date stated above.

SIGNATURE OF M.D. John H Hornbaker — ADDRESS 154 W. Washington St. Hagerstown, Md. — DATE SIGNED 4-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 4/9/55 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 8, 1955 — REGISTRAR'S SIGNATURE: G Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md

4091

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04103

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   COUNTY WASHINGTON
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
   LENGTH OF STAY IN THIS PLACE: 39 YRS. MARYLAND
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 488 N. POTOMAC ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE MARYLAND COUNTY WASHINGTON
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
   STREET ADDRESS (If rural give location) 488 N. POTOMAC ST.

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) DAVIS (Last) ROHRER

4. DATE OF DEATH: (Month) APRIL (Day) 5 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 10/27/1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARM MACHINE DEALER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN S. ROHRER

14. MOTHER'S MAIDEN NAME: FLORENCE LANDIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-14-9396A

17. INFORMANT & ADDRESS: MRS. DAISIE ROHRER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE D D (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/28/55, to , 19 , that I last saw the deceased alive on 2/27/55, 19 , and that death occurred at 11 40 P M, from the causes and on the date stated above.

SIGNATURE Arnold A. Weeks M. D. ADDRESS Hagerstown, DATE SIGNED 4/7/55 Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 4/9/55 — NAME OF CEMETERY OR CREMATORY: Beaver Creek Cem — LOCATION (City, town, or county) (State): Washington Co., Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 8 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: W. J. Normant, Hagerstown, Md

Dr. Wells

4192

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04104

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give name of township) HAGERSTOWN
LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 226 S. LOCUST ST.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 226 S. LOCUST ST.

3. NAME OF DECEASED (Type or Print): (First) LEILA (Middle) (Last) ROHRER

4. DATE OF DEATH: (Month) APRIL (Day) 17 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: 4/14/1877

9. AGE last birthday: 78 yrs

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN UNGER

14. MOTHER'S MAIDEN NAME: NANCY E. FOUKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MR. ELLIS M. ROHRER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.0	(A) Acute subdural Hem Brain	6 yrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Hemiplegia	72 hr
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18-, 19 55, to 4-17-55, 19 , that I last saw the deceased alive on 4-17-, 1955, and that death occurred at 10 P M, from the causes and on the date stated above.

SIGNATURE J. W. Duttera M.D. ADDRESS Hagerstown Md DATE SIGNED 4-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4/20/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Apr. 19, 1955 | REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR W. F. Norment ADDRESS Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

04105

4093 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location) 1-X-2

3. NAME OF DECEASED: (Type or Print) (First) Laurence (Middle) F. (Last) Rudy

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify): married

8. DATE OF BIRTH: 7-13-1879

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner ret.

10B. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Rudy

14. MOTHER'S MAIDEN NAME: Amanda Kefauver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Emma Rudy, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute myelogenous leukemia — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.?

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

204.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 12, 1955, to Apr 23 1955, that I last saw the deceased alive on Apr 30, 1955, and that death occurred at 1205 AM, from the causes and on the date stated above.

SIGNATURE Kenneth C. Benson M. D. ADDRESS Middletown, Md. DATE SIGNED Apr. 4, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4-5-1955

NAME OF CEMETERY OR CREMATORY Reformed Cemetery

LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 4, 1955

REGISTRAR'S SIGNATURE Chas. H. Boiberd

24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

VS-A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04106

4125

CERTIFICATE OF DEATH

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X TOWN Williamsport, Md. — LENGTH OF STAY (in this place) 34 yrs 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 154 N. Artizan St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg R F D 2
STREET ADDRESS (If rural give location) 442 Winchester Ave.

3. NAME OF DECEASED: (Type or Print) (First) Del (Middle) W (Last) Schleuse

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1955 @ 11 am

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: June 30, 1872

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Schleuse

14. MOTHER'S MAIDEN NAME: Matilda Ruwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Jacob Schleuse 442 Winchester Ave Martinsburg W. Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemorrhage — DUE TO

(c)

Interval Between Onset And Death: 1 week / 7 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1, 1955, to Apr 21, 1955, that I last saw the deceased alive on Apr 21, 1955, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE Marvin H. Porterfield (Degree or title) M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 23, 1955 — NAME OF CEMETERY OR CREMATORY St Joseph Catholic — LOCATION (City, town, or county) Martinsburg, W. Va. (State)

DATE REC'D BY LOCAL REGISTRAR: April 23-55 — REGISTRAR'S SIGNATURE: E Lee McElroy

24. FUNERAL DIRECTOR: Albert L. Leaf — ADDRESS: Williamsport, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4^94

CERTIFICATE OF DEATH

04107

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Hagerstown Md

LENGTH OF STAY (in this place): 1 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland Washington — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Amaranth Penna.

STREET ADDRESS (If rural give location): Rural Amaranth Penna.

X / 1

3. NAME OF DECEASED: (Type or Print) (First) Donna (Middle) Kaye (Last) Schriever

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Infant	4.17.55	3 Days yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country).	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leveral A Schriever

14. MOTHER'S MAIDEN NAME: Belva E Plessinger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Leveral A Schriever Amaranth Penna.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval Between Onset And Death: 3days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 17, 1955, to April 20, 1955, that I last saw the deceased alive on April 19 1955, and that ~~death~~ occurred at 2.25 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Richie Robert Cohen M.D. Clear Spring Md. April 20/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4.21.55	Methodist Cemetery	Buckvalley Penna.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 20, 1955	Thos. H. Bowers	Howard J. Grove	Hancock Md

2145293

4128 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04108

Item 9, Film 6181 5-18-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport RFD #2 X
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Pinesburg

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland RFD #2 X
STREET ADDRESS (If rural give location) Pinesburg

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) Clifford (Last) Shank

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 13 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months 7 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Worked Sheet metal

10b. KIND OF BUSINESS OR INDUSTRY Aircraft Fairchild

11. BIRTHPLACE (State or foreign country): Hedgesville W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Shank

14. MOTHER'S MAIDEN NAME: Cora Gossard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 219-01-8224

17. INFORMANT & ADDRESS: Mrs. Helen D. Shank Pinesburg Md. Williamsport RFD2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25/55 to 4/25/55, that I last saw the deceased alive on 4/25/55, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. F. Young M.D. Williamsport Md 4/26/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF April 27-55 NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery LOCATION (City, town, or county) (State) Williamsport Md,

DATE REC'D BY LOCAL REGISTRAR April 26 1955 REGISTRAR'S SIGNATURE Edna McElroy

24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4127 4109

CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Big Spring, Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Charlton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Big Spring, Md.
STREET ADDRESS (If rural, give location) Charlton Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Shupp

4. DATE OF DEATH: (Month) Apr. (Day) 15, (Year) 1955.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 27, 1885

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Wash. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph Shupp

14. MOTHER'S MAIDEN NAME: Mary Summer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mazie M. Shupp- Big Spring, Md.RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 416X Rheumatic Heart Disease	15 years
~~DUE TO~~		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Acute Cardiac Failure	3 days
DUE TO	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19....., to April 15, 1955, that I last saw the deceased alive on April 14, 1955, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) David R. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 4/16/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Apr. 19-55 NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REG. April 19-1955

REGISTRAR'S SIGNATURE Joseph W. Mussay

24. FUNERAL DIRECTOR Adrian H. Rowland. ADDRESS Clear Spring, Md.

4123 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4110

CERTIFICATE OF DEATH

Reg. Dist. No. 306

Item 2, Filmclnl 5-6-55 et

1. PLACE OF DEATH:
COUNTY Washington,
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Smithsburg, #1
MARYLAND LENGTH OF STAY (in this place) 7 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsbury
STREET ADDRESS (If rural give location) R. F. D. # 1

3. NAME OF DECEASED: (Type or Print) (First) David, (Middle) Charles (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: September 28, 54

9. AGE last birthday IF UNDER 1 YEAR (Months) 7 (Days) 20 IF UNDER 24 HRS (Hours) (Min.) yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Waynesboro, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Grover, C. Smith Jr.

14. MOTHER'S MAIDEN NAME: Betty, J. Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT & ADDRESS Grover, C. Smith Jr

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5 1 2

IMMEDIATE CAUSE (A) DUE TO Acute gastro enteritis — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.26.55, to 4.29.55, that I last saw the deceased alive on 4.29.55, and that death occurred at 4 A M, from the causes and on the date stated above.

SIGNATURE C W Ferguson M.D ADDRESS Waynesboro Pa DATE SIGNED 4.29.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April, 30,	Pleasant Valley U.B.	Smithsburg, Md. Md.

DATE REC'D BY LOCAL REGISTRAR: April 29 55

REGISTRAR'S SIGNATURE: C W Ferguson

24. FUNERAL DIRECTOR: Scott, F. Minnich & Son

ADDRESS: Smithsburg, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04111

4129

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro — LENGTH OF STAY (in this place) 6 weeks — HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Fred. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy 10 X - 2. — STREET ADDRESS (If rural give location) None. ✓

3. NAME OF DECEASED: (Type or Print) (First) Kate (Middle) Bell (Last) Smith

4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1955

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married — 8. DATE OF BIRTH: 7-27-1867 — 9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Jenkins — 14. MOTHER'S MAIDEN NAME: Eliza Waltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Mrs Minnie Langford, Kemptown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE — (A) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSE (B) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — DUE TO (B) — DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1955, to April 4, 1955, that I last saw the deceased alive on April 4, 1955, and that death occurred at 6:45A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS M. D. Boonsboro — DATE SIGNED 4/6/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 4-7-55 — NAME OF CEMETERY OR CREMATORY Antietam — LOCATION (City, town, or county) (State) Keedysville Md

DATE REC'D BY LOCAL REGISTRAR Apr 7 1955 — REGISTRAR'S SIGNATURE John A. Bard — 24. FUNERAL DIRECTOR C. A. Fetrow & Bro — ADDRESS Boonsboro Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0411 2

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring, Md.
STREET ADDRESS (If rural, give location) Route 40 W

3. NAME OF DECEASED: (Type or Print) (First) Mary Margaret (Middle) (Last) Snyder

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1955.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 31, 1882

9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Home Duties

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Crilley

14. MOTHER'S MAIDEN NAME: Elizabeth Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Margaret Suffecool- Big Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) LEUKEMIA, LYMPHATIC — Interval Between Onset and Death: 9 MONTHS

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE HEART DISEASE — UNKNOWN

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 21, 1954, to APRIL 16, 1955, that I last saw the deceased alive on APRIL 16, 1955, and that death occurred at 7-40 P. m., from the causes and on the date stated above.

SIGNATURE Charles Robert Cohen (DEGREE OR TITLE) MD ADDRESS CLEAR SPRING, MARYLAND DATE SIGNED APRIL 18, 1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF April 20-55 — NAME OF CEMETERY OR CREMATORY Blair's Valley Cem. — LOCATION (City, town, or county) Blair's Valley (State) Md.

DATE REC'D BY LOCAL REG. Apr 18 1955 — REGISTRAR'S SIGNATURE Robert H Bowers

24. FUNERAL DIRECTOR Hassan & Rowland. ADDRESS Clear Spring, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04113

4096

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH.
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1091 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1091 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) MAY (Last) SOCKS

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1955

5 SEX: Female | 6. COLOR OR RACE: White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: April 22, 1883 | 9. AGE last birthday: 71 yrs | IF UNDER 1 YEAR: Months 11 | IF UNDER 24 HRS.: Days 14 Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marlowe, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Kennedy
14. MOTHER'S MAIDEN NAME: Etta V. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Ralph May Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4-3-X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	3 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO Arterio sclerotic - Hypertension C-V-D	10 yrs
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NP

19A. DATE OF OPERATION: NP
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NP
21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Apr, 1955, to 6 Apr, 1955, that I last saw the deceased alive on 5 Apr, 1955, and that death occurred at 12:50 AM, from the causes and on the date stated above.

SIGNATURE AND ADDRESS OF M. D. F. F. Lusby 230 N Potomac Hagerstown Md
DATE SIGNED 6 Apr 55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/8/55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Wash, Maryland

DATE REC'D BY LOCAL REGISTRAR April 6, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons
ADDRESS Hagerstown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04114

4130

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural Hancock Md

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Washington COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hancock Md. X

STREET ADDRESS (If rural give location): Rural 1 Hancock Md.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Lucy	Engle	Starliper	4.29.55 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed	Aug. 14 1877	77 yrs.	8	15		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Fulton County Penna	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lorenza Engle	Rebecca Peck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	Mrs Freda McMullen Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 2414 — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute Endocarditis — DUE TO

(c) Chronic asthmatic Bronchitis Senility

Interval Between Onset And Death: 4 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office Bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23, 1955, to 4/29, 1955, that I last saw the deceased alive on 4/29, 1955 and that death occurred at 10.40 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

S.M. Kaffer M.D. Hancock Md. 5/2/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5.2.55	Jerusalem Cemetery	Wips Cove Penna.

DATE RECD BY LOCAL REGISTRAR: 5/2/55 — REGISTRAR'S SIGNATURE: J. A. Heller

24. FUNERAL DIRECTOR: Howard J. Hess Hancock Md. — ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

4097

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr E. W. Ditto 04115

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 53 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 767 Spruce St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 767 Spruce St.

3. NAME OF DECEASED: (Type or Print) (First) MAZIE (Middle) VIRGINIA (Last) STOUFFER

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH Oct 18 1883

9. AGE last birthday 71 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): near Clearsprings Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Shupp

14. MOTHER'S MAIDEN NAME: Louise Angle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Evelyn Gruber

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) DUE TO Hypertensive Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH 15 yrs

ANTECEDENT CAUSE (B) DUE TO chronic

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerotic heart disease — 20 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1955, to April 1, 1955, that I last saw the deceased alive on Mar 31, 1955, and that death occurred at 10 00 M, from the causes and on the date stated above.

SIGNATURE Edward L. Ditto III M. D. ADDRESS 217 W. Washington St. DATE SIGNED 4/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/4/55

NAME OF CEMETERY OR CREMATORY St Pauls Cemetery

LOCATION (City, town, or county) near Clearspring Md. (State)

DATE REC'D BY LOCAL REGISTRAR Apr 4 1955

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04116

Dr. Wells 4793 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): 13 Hagerstown

LENGTH OF STAY (in this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Wash.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown, Maryland 0 1

STREET ADDRESS (If rural give location): 827 Georgia Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARTHA	HANNAH	TALL	Apr.	7	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	White	Married	Nov, 1, 1896	58 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Smithsburg, Md.	usa

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel Cline	Hester Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	— — —	18[redacted]5	Mr. Douse L. Tall

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) arterio-sclerotic coronary heart disease	2yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arterio-sclerotic myocardial heart disease	4 yrs
	DUE TO (c) Vascular hypertension	5yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
none — — m.		

22. I hereby certify that I attended the deceased from Oct. ,19 46 to April 7, 19 55 that I last saw the deceased alive on Apr. 7, 19 55, and that death occurred at 9:50PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wells M.D.	115 N. Potomac Street, Hagerstown, Md.	4-8-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-11-55	Mt. Zion Cemetery	nr. Waynesboro, Pa.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
Apr. 8, 1955	Chas H Bowers	Andrew K. Coffman-Hagerstown, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04117

4131

CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Downsville Md. RFD #1
LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Downsville Md RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Downsville Md. RFD #1
STREET ADDRESS (If rural give location) Downsville Md. RFD #1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Wadsworth (Last) Taylor

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 1, 1875

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months 0 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tenant Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Downsville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Taylor

14. MOTHER'S MAIDEN NAME: Christie Ann Hoffman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Mary Ethel Taylor Downsville RFD #1 Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 1 Day

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27 19 55 to April 28 19 55, that I last saw the deceased alive on April 27 19 55, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Coleman Lyons M.D. ADDRESS Williamsport Md. DATE SIGNED 4/29/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 1 1955 NAME OF CEMETERY OR CREMATORY Bakersville Cemetery LOCATION (City, town, or county) Bakersville (State) Md.

25. DATE REC'D BY LOCAL REGISTRAR 4-29-55 REGISTRAR'S SIGNATURE E Lee Hill Clerk

24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0411A

4093

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) Costello Hotel

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) ELMER (Last) UNSELD

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1955

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH June 23, 1886

9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
68 yrs Months 10 Days 2 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Cook

10B. KIND OF BUSINESS OR INDUSTRY Red Koogle Res.

11. BIRTHPLACE (State or foreign country) Sheperdstown, W. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James C. Unseld

14. MOTHER'S MAIDEN NAME Nettie Croft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO 214-09-1593

17. INFORMANT & ADDRESS Edgar M. Unseld Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE

(A) Arteriosclerotic Heart disease with Myocardial Failure

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Any

19A. DATE OF OPERATION None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Apr, 1955, to 25 Apr, 1955, that I last saw the deceased alive on 24 Apr, 1955, and that death occurred at 3:10 PM, from the causes and on the date stated above.

SIGNATURE F. F. Lusby M.D ADDRESS 230 N Potomac DATE SIGNED 25 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/27/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Apr. 25, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Weeks

4100

CERTIFICATE OF DEATH

Reg. Dist. No. 0419 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 16 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) Hotel Patterson 1

3. NAME OF DECEASED: (First) Elfie (Middle) Maude (Last) Wolf
4. DATE OF DEATH (Month) April (Day) 26 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec. 20, 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Clerk
10B KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Chicago Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis L. Blackman
14. MOTHER'S MAIDEN NAME: Charlotte Blackman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 214-09-8113
17. INFORMANT & ADDRESS: Gladys B. Coffman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Arteriosclerotic C.V.D.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchitis

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 5, 55, to 4/26, 55, that I last saw the deceased alive on 4/26/55 19..., and that death occurred at 3:40 P.M., from the causes and on the date stated above.

SIGNATURE Howard N. Woodward M.D. ADDRESS 60 N. Potomac Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4-28-55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 27, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4101

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0412()

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN; LENGTH OF STAY (in this place) 6 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO X; STREET ADDRESS (If rural give location) 207 - POTOMAC ST.

3. NAME OF DECEASED: (Type or Print) (First) EDNA - GRACE (Middle) (Last) YOUNKINS

4. DATE OF DEATH: (Month) (Day) (Year) APRIL - 12, 1955

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE | 8. DATE OF BIRTH: MARCH 19 1890 | 9. AGE last birthday 65-0-23 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER | 10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME | 11. BIRTHPLACE (State or foreign country): FREDERICK Co. MD. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EMORY YOUNKINS

14. MOTHER'S MAIDEN NAME: EMMA RAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. PAT KELLEY BOONSBORO MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) DUE TO Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Carcinoma of the Cecum. — 1 yr. (?)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1955, to 4/12, 1955 that I last saw the deceased alive on 4/11, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE M. Sheats M. D. ADDRESS Sharpsburg, Md. DATE SIGNED 4/13/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF APRIL-15-1955 | NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY | LOCATION (City, town, or county) BOONSBORO WASH. Co. (State) MD.

DATE REC'D BY LOCAL REGISTRAR 4/14/1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR ADDRESS Wm. F. BAST AND SONS BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04121

4102

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett's Mill
STREET ADDRESS (If rural, give location) R.F.D.#1, Knoxville, Md.

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) FLORENCE (Last) YOUNKINS

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 24, 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 2 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Issac Langdon Carter

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hoffmaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. W. Douglas Higdon, R.F.D.#1, Box 15, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Broncho-pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Right sided hemiplegia	3 days
	(c) DUE TO Cerebral arteriosclerosis	5 Yrs.(?)

334X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22/55, 19..., to ----, 19---; that I last saw the deceased alive on 4/22/55, 19...; and that death occurred at 7:00P.M., from the causes and on the date stated above.

SIGNATURE Walter H. Sheafy (DEGREE OR TITLE) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 4/23/55.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/25/55	Brownsville Cemetery	Brownsville, Maryland

DATE REC'D BY LOCAL REG. Apr. 26, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers — 24. FUNERAL DIRECTOR J. Donald Eakle — ADDRESS Bolivar, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51